Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04182 FOR STATE

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be retained for your files.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

s after death. If any delay is 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. I

in pencil in Item

"pending"

necessary, please execute the certificate, writing the word AL EXAMINER:

TO DEPUTY ME

PM3. Page

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04181

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
	O. COUNTY QUEEN ANNES MARYLAND	O. STATE MARY AND b. COUNTRIES	WHUNES				
	b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auside corporate limits, write RURAL and give	neorest town)				
	CENTREVILE All his bife	ENTREY!E	7-1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
7	WATER St.	WATER ST	YES NO D				
	3. NAME OF DECEASED (Type or print) TAMES First ECOPER OF BINE	EBRINK OF MARCH 2	Day Year				
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)					
	MALE WHITE WIDOWED DIVORCED D	August 8, 1893 73 vrs. Months	Doys Hours Min.				
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11.8 BIRTHPLACE (State or foreign couptry) 12. CIT	IZEN OF WHAT				
	during most of working life over it refired) RETIRED TAINTER PAINTING	CENTREVILE, MARYLAND CI	SA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	WILLIAM JAMES BINEBRINK	NORA HICE LIANE					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown) (If yes give war or dotes of service)	7. INFORMANT Brother Address Kide	Ell AVE				
	No 1213-09-9503-A	Edward H. BINEBRINK, CENTREVIL	E. Md 21617				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (o)	Caremonia g Lung	6 mel				
	Canditians, if ony, which gove) (b)						
	rise to immediate cause (a)						
	stoting the underlying couse lost.						
	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN DART 1(a)	19. WAS AUTOPSY				
2	CATION	O THE TEAMINAL DISEASE COMMINION STYLE IN FAAL TO	PERFORMED? YES NO				
	CAOSE OF DEATH.	ED. (Enter noture of injury in Part I or Port II of item 18.)					
		PLACE OF INJURY (Home, form, 20f. (City or town) (Cou	nty) (Stote)				
	Hour o.m. p.m. 19 While of work of work	foctory, street, office bldg., etc.)					
	21. I certify that I taak charge of the remains described above,	held an Autapsy , Inspection , Inquiry ,	and in my apinion				
	death resulted fram: Natural causes , Accident , S	Suicide , Hamicide , Undetermined manner					
	ACTUAL OF ST	CHIEF MEDICAL EXAMINER	00 0475 510450				
	SIGNATURE C Capter	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
Zí	EXAMINER'S NAME (Type) Control C. T. La	DEPUTY MEDICAL EXAMINER OF Address (Street, city, town, or county) Centy	ville nd				
	230. BURIAL, CREMATION, 230. DATE, THEREOF 239 NAME OF CEMETERY		(County) (State)				
	BURIA (Specify) MARCH 28, 1967 Chester ABIO	CEMETERY CENTRENIE, Q,A	Co. 1110,				
	24. FUNERAL DIRECTOR A C ADDRESS MY	MO - 250 FCD BY REGISTRAR 25h REGISTRAR'S SI	GNATURE .				
	Juna 19 1 Dry Du 1 Dry Chrance	LEV. TIGHT BATE OF 1304 JOHNSON	Judge				

VR A15ME (5) 6M 1/66

The Market Land Comment

		MARYLAND S	TATE DEP	ARTM	ENT OF I	HEALTH		
DIVISIO	N OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	, MARYLAND
01400		CFR	CIFICATE	OF	DEATH			0410

± 70 00 €		04183			CERTIFIC	ATI	E OF DEATH						82
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filled filled saper in 72			SPITAL DR INSTITUTIO	ON (If not in ho	spital, give street add	ress)	d. STREET ADDRESS				/		IS RESIDENCE ON A FARM?
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and completely filled emove carbon paper any event, within 72	5. s Fen	nale	6. COLOR OR RACE White	7. MARRIED :	NEVER MARRIED DIVORCED		B. OATE OF BIRTH August, 12, 18	389	9. AGE last I 78	(In years) birthday) yrs.	Months	Days	Hours Min.
death certhicate be expending physician a permit. Then please retion, or removal, and in (10a. U during HC	SUAL OCCUPATE Most of work ousewife	IDN (Give kind of work ing life, even if retire	done 10b. KI	ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Co	ounty & St	ate, or fore	ign country)	12. CI CO U.S	TIZEN O UNTRY?	F WHAT
phy n pl val,		FATHER'S NAM					14. MOTHER'S MAID	EN NAME					
The			ey Skinner				Mary Wallac	ce.					
eath certifica attending ph ermit. Then on, or removal	15. W	VAS DECEASED no, or unkown)	EVER IN U.S. ARMED FO	ORCES? 16.5	SOCIAL SECURITY NO.	17.	INFORMANT			Addres	s		
res that the death physician. I signed by the atter burial-transit permit. burial, cremation, or	No					Cha	arles Elwood	d Cour	rsey,	Bar	clay,		21607
	1				ne for (a), (b), and (c).]		1. 0.1		-			INTER	VAL BETWEEN T AND DEATH
ires that the physician. I signed by the burial-transit burial, crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quite Caulhac Wisa Tallor											
ysich gne ial-t ial,		Conditions, If any, which \ (b)											
phy shires		onditions, if	Immediate ((b)	Clerus	4	ling as	sulf al	W				
law requires that tattending physician, has been signed been standed been standed by the prior to burial, cre	u	ause (a), s inderlying caus	tating the DUE	(c)	C	Du	nuel as	che	mis				
or or aste	CERTIFICATION	'ART II. DTHER:	SIGNIFICANTCONDITI	0	TING TO DEATH BUT NOT	T RELA	Reast (0	Suc	CUT	I GIVEN IN	(40)	19. YES	WAS AUTOPSY PERFORMED?
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	CERTIF	Oa. ACCIDENT OR CONTRIBUT IF EITHER, NO	WAS UNDERLYING ING CAUSE DE DEATIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY	occu	IRRED. (Enter nature of	Injury In	Part I or	Part II of	Item 18.)	
ATTENDING PHYSICIAN: retained by the hospital COOR. After this certific strould be detached for vith the State Dept. of H	MEDICAL	Hour a.		Year 20d. IN	Not While	PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	tc.) 20f	. (City o	r town)	(Cou	nty)	(State)
After After Id be considered of State	>	21. I certify that (I) (this hospital) attended the deceased from 1960, to 200, to 200, that (I) (we) last											
TEN taine 108: thoul			ceased alive on	Tely 2			death occurred at						
	2	22a. SIGNATU	RE	-10-			ATTENDING &	MED.	CT.	AFE	22b. D/	TE SIGI	NED
DIRE		2000000	(2 /	Mela	ealfre_	M.D	. PHYS.	DIRECTOR	PH PH	AFF IYS.	3/:	27/	607
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRR director, page 3 should be filed v	1 2	PHYSICI/ NAME (T	C.H.Metc	alfe. M.	.D.		Sudlersvi	lle,	Md.	21668		"	- 6
Pag To Fig dire shou		REMOVAL (Sp			23c. NAME OF CEM Sudlersvill		Cemetery.	Sud.	lersv	N (City, to	Q.A.	Co;	(State) Md.
(M)		FUNERAL DIR	ECTOR Fellows.		ADDRESS Millington,	M				25b. RE		-	
VR A15 (4)	1	cawara 1	GITOMP'		FITTING CON	EI	d. DMAR	28	1967	1 to	arles	June	7

VR A15 (4) 15M 4-64

50120 10 mm Page Committee of the C Service AV 9181, 21, 22, mak | Sec. 2 THE PERSON NAMED IN Brun lon In to de Coursey, Branday Coll. 2100 Some Comment Backgrown Business of front Court C.F. Matoniffs, M.P. II. Contract of the Contract of th The state of the same of the contraction of the same of the contraction of the same of the . Of motion dill TOTAL TOTAL OF STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.

hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEF RCH AND RECORDS CERTIFICATI	, 301 W. PRESTON	STREET,	BALTIMORI	E 1, MARY	LAND 83
Place of Death a. County Queen Anne's	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where decease		ution: Residence	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville	c. CITY OR TOWN (If o	outside corpora	ate limits, write		05-2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Kitty's Nursing Home	d. STREET AODRESS				e. IS RESIDENCE DN A FARM? YES NO 3	
B. NAME DF First DECEASED (Type or print) EFFIE	MIddle WALLS	Last EVERETT	4. DATE DF DEATH	Month March	Day 6 ,	1967
Female White WIDOWED	MEASY MINUKIED	ovember, 8, 18	la	GE (In years IF st birthday) M	UNDER 1 YEAR Ionths Days	Hours Min.
uring most of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY Home.	11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZEN COUNTR' U.S.A.	OF WHAT Y?
13. FATHER'S NAME James Walls.	14. MOTHER'S MAIDEN NAME Etta Phillips.					
Yes, no, or unknwn) (If yes give war or dates of service)	ocial security no. 17. 9-14-4275A Mrs	.Katherine E	Blackist	Address on, Sud	lersvil.	le,Md.
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (18)	e for (a), (b), and (c).]	hrombou	is		ONS	ERVAL BETWEEN SET AND DEATH
1200 DUE TO	- 1 1 -	p. 100	L Du		1	U.a

H	ousework	Own Home.	Md.	U.S.	.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	James Walls.		Etta Phillips.		
	. WAS DECEASED EVER IN U.S. ARMED FORCES	ce)	17. INFORMANT	Address	
	No.	219-14-4275A	Mrs.Katherine Black	iston, Sudlers	rille,Md.
	18. CAUSE OF DEATH [Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((4))	se per line for (a), (b), and (c).	Thromboris		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate	arteriosche	utic Kent 1	Julean	6 years -
N	cause (a), stating the DUE TO underlying cause last.			OUR TO A SUFFLIN DADT 1/-)	LIO WAS AUTODSV
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS C				19. WAS AUTOPSY PERFORMEO? YES NO
CERTII	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of Injury In	Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20 While Not While at work at work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	. (City or town) (Cou	nty) (State)
	21. I certify that (I) (this hospital) saw the deceased alive on way		m , 1965, d that death occurred at 19. M,	from the causes and on the	
	22a. SIGNATURE Rn	wet of	M.O. PHYS. MED. OIRECTOR	STAFF	ATE SIGNED
	22c. PHYS/CIAN'S NAME (Type) John R. Smi	th, Jr. M.D.	22d. ADDRESS Centreville, M	d. 21617	

NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery.

LOCATION (City, town or county) Sudlersville, Q.A.Co;

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial. 24. FUNERAL DIRECTOR

Edward Fellows,

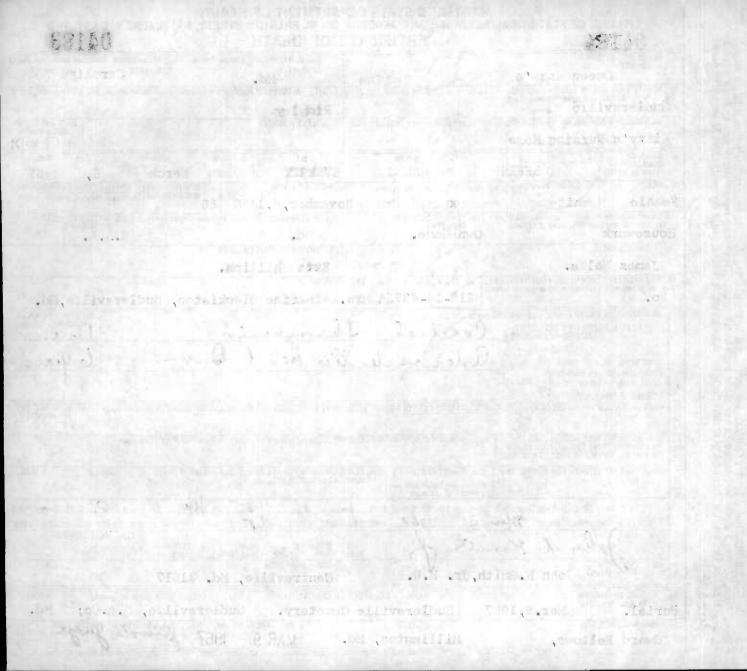
23b. DATE THEREOF

Mar. 9, 1967

AODRESS Millington, Md. 25a. REC'D BY REGISTRAR MAR 9 1967

Md.

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0	4185				CER	TIFICATE	OF	DEATH				0	418	4	
1.	PLACE o. COU	OF DEATH	LES	d.	ANN		MARYLAND	2. USU 0. 8	AL RESIDENCE	1	reosed live	b. COU		-	odmissio AN/	1
6			outside corporote ivergreat town			LENGTH OF S	TAY IN 16	c. CITY	OR TOWN (If o	Itside corp	porote lim	ok E	IRAL ond gi	Ne neorest	15	17-
	d. NAN	E OF HOSPITAL	OR INSTITUTION	(If not in h	ospital, give	street oddress	5)	d. STRI	EET ADDRESS						e. IS RESID ON A FA YES	
		SED or print)		First HRD	h	OREN	Zo 8	laci	LOST	4. DAT OF DEA	TH		BR.	Day 6	Yec 19	67
	SEX	M	s. COLOR OR RAC	WI	ARRIED		ORCED	B. DATE (-19.10	876	lost 9	(In years birthdoy) yrs.	Months	Doys	Hours	Min.
du	ring mo	t of working life	Give kind of work e, even if retired	done	10b. KIND INDUS	OF BUSINESS I	OR		THPLACE (Count	242		ountry)	12. 6	CITIZEN OF	- WHAT	
	W	M. E	DW.		KSO			A	THER'S MAIDEN		An	JTH	_			
(Y	es, no, c	runknown) (I	N U.S. ARMED FOF yes give war or d	otes of servi	ice)	IAL SECURITY	0	OSE	arh e	JAC	KSO	J, Addr	JUE	EN A	HUNE	3,14
	Condinise to stotin last.	PART I. DEATH 3 4 × tions, if ony, we o immediate of g the underly	ing couse	AUSE (o) DUE TO (b) DUE TO (c)	Bro	end	gene	um	elero. onia	file				2//	ERVAL BET SET AND D	2
CERTIFICATION	20o. / OR CO	CCIDENT WAS U	NDERLYING I CAUSE OF DEATH	ONS CONTRI			fig.		ture of injury in						WAS AUTO PERFORMI	D? NO
MEDICAL	20c.		Y Month, Doy, Y	eor 19	20d. INJUI While of work	Not While of work			URY (Home, for , office bldg., etc		f. (City	or town)	(0	ounty)	(Stote)
	220.	aw the dec SIGNATURE	that (I) (this	elle	in	- 169,		ATTE		MED. DIRECTOR		m causes STAFF PHYS.	_	b/, the the date SIGNI		we) lo abay
23	a_BUR	PHYSICIAN'S NAME (Type) AL, CREMATION DYAL (Specify)	KUR Z3b. DA M PA	TE THEREOF		-	R CEMETERY OR RESEW	CREMATO	CXOE	EN 23d.	LOCATION	WWZ (City or To	BOR	(County)	MC	ote)
2	4 FUN	RAL DIRECTOR	127 V	Ma	ORE	ADDRESS		JR		4 19	STRAR	25b. R	EGISTRAR'S	SIGNATUR	E	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After this certificate is by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after Page 4 may be retained by the hospital or attending physician.

yrs.

89

Age

6#

Item

9/17/1877

Item 8 1

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OLIGOR
OFFICIAL OF DEATH

	041	86		CERTIF	ICATE	OF DEAT	ГН		04	185	
1.	PLACE OF DEATH	en Anne		MAR	YLAND	a. STATE	ENCE (Where dece Marylar	ased lived, If insti b. COUNT			ssion)
R	ural S	N (if outside corpor and give nearest to udlersvi	lle	c. LENGTH OF STA	Y IN 1b		ertown	orate limits, writ	e RURAL and (2	
		spital or institut le Nursin		ospital, give street a	address)	d. STREET ADDRE	SS			e. IS RESIDI	ENCE M?
3.	NAME OF DECEASED (Type or print)		First	Middle	JOIN	Last IER	4. DATE OF DEATH	Month March		96719	
	sex female	6. COLOR OR RACI	7. MARRIED WIOOWED	NEVER MARRIE	D 8.		.877 9. 17/ 89)	AGE (In years I Jast birthday) A	FUNDER 1 YEA Months Days	Hours	4 HRS. Min.
10a dur	Ing most of work	FION (Give kind of wor ling life, even if retions ISEW if e	kdone 10b. K red) 1	AND OF BUSINESS OF NOUSTRY	R	11. BIRTHPLACE	(County & State,	or fóreign country)	12. CITIZE COUNTI	RY?	
13.	Stanfor	IE O	entern	1		14. MOTHER'S M	Liberthan	sh Ju		namber	S
15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED (If yes give war or date	FORCES? s of service)	eocial security N		Co. Wel	fare	Address	roxille	2 Mc	1
	18. CAUSE OF	DEATH [Enter only of EATH WAS CAUSED E IMMEDIATE CAUS	BY:	line for (a), (b), and (Culling	Delais	lul	INT Or	TERVAL BETY NSET AND DE	EEN ATH
	4221 Conditions, If	any, which	E TO (b)	Clys	me	Zug K	end et)			
-	gave rise to cause (a), s underlying caus	tating the OU	JE TO (c)	gr.	und	aslem	1 Sce	sing			
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	IONSCONTRIB	UTING TO DEATH BUT	NOT RELAT	enelity	AL DISEASE CONO	ITION GIVEN IN P		PERFORME	DPSY ED? D
CERTIF	OR CONTRIBUT	WAS UNDERLYING I ING □ CAUSE OF DE TIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJU	JRY OCCUR	REO. (Enter nature	of Injury In Pa	rt I or Part II of	Item 18.)		
MEDICAL	20c. TIME OF Hour a.i	/\/	y, Year 20d. I While at wor		20e. PLAC factor)	E OF INJURY (Home , street, office bldg	e, farm, 20f. (6 ., etc.)	Olty or town)	(County)	(Sta	te)
		y that (I) (this ho ceased alive on_	spital) attend	led the deceased to 1967,		death occurred a	19.60, to_ t/31AM, fro	m the causes a	nd on the da	that (I) (we) ate stated a	last bove.
	22a. SIGNATU	(a)	Nul	lecella	M.o.	ATTENOING PHYS.		STAFF PHYS.	22b. DATE \$ 3/1	SIGNED 7/67	
	22c. PHYSICI/ NAME (T		H. Met	calfe		-1	ersvill				
23	Burial	3/1	F THEREOF 9 / 6 7	Crumpton		etery	Cru	mpton,	Md.		e)
24	FUNERAL DIR	Ohs Wel	Ds	Chestert	town,		AK S Q K	18AR 25b 200	ares	and the state of t	We s

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04187 necessory, pleose exert. Page 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND buriol, b. CITY OR TOWN IN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RASONVILLE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO DE and 3 to the funeral of a retained for your fill NAME OF DECEASED 4. DATE Month Year. DEATH 196 (Type or print) 9. AGE (In years IF UNDER 24 HRS. IFUNDER TYEAR SEX 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lost birthday! Months Hours Min. Days WIDOWED | DIVORCED | 0 yrs. 12. CITIZEN OF WHAT COUNTRY? a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) puo ofter 2, on Ke pe Pages 1, 2, age 5 may le pages 1 a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 24 hours Page 16. SOCIAL SECURITY NO. Address WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) Give permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH in Item 18. PART I. DEATH WAS CAUSED BY with form IMMEDIATE CAUSE (o) **burial-transit** DUE TO Conditions, if any, which pencil gove rise to immediate couse Examiner's Office olong certificate shauld DUE TO (o), stoting the underlying couse lost. 2 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S CERTIFICATION pending" PERFORMED? be used YES | NO [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Should the word MEDICAL Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Medical Poge 3 sh o. m. of work of work p. m. writing i 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 7 Inquiry 27, and find that OR: death resulted from: Natural causes Suicide . Homicide . Accident Undetermined cause DATE SIGNED ACTUAL to it CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER removo **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type)

VS. A15ME(5) 5M 9/55

0

220. BURIAL, CREMATION, 22c. NAME OF CEMETERY 22b. DATE THEREO! OR CREMATORY

FUNERAL DIRECTOR'S SIGNATUR

22d AOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

(Stote)

9120	OF DEATH	CENTIFICATE		
· · ·				
B. W.				
			Carlotter Blv Man	
	AND THE			

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04189 CERTIFICATE OF DEATH

04188

04100	0.22.08
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY Queen Anne MARYLAND	o. STATE Maryland b. COUNTQueen Anne
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Grasonville Life time	Grasonville /7-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
00 RFD. Grasonville	RFD YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year
(Type or print) Florence Edna Wllllams	DEATH March 20 1901
	Lead Listed No. 1 Heart David House I His
female Negro WIDOWED DIVORCED DIVORCED	April I7 1899 67 yrs. Months Doys nours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Canning	11. BIRTHPLACE (County & Stote, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore. — Md.
	Baltimore, Md. USA
13. FATHER'S NAME	
James Steward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mollyn Taylor
(Yes, no, or unknown) (If yes give war ar dates of service)	
no 193-20-1773	Alverta Washington- Grasonville, Md
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART J. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
41/34 IMMEDIATE CAUSE (0) nome congestive	e Heart Failure ONSE AND DEATH &
7 7 0 DUE TO	
Conditions, if ony, which gave (b) rise to immediate couse (a),	
stoting the underlying couse	
lost. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
Hypertensive Arterioscleration	(Enter noture of injury in Port I or Port II of item IB.)
OR CONTRIBUTING CAUSE OF DEATH	tailer noture of injury in Port 1 of Port 11 of Item 18.)
	CE OF INJURY (Home, form, 20f. (City ar town) (County) (State)
p.m. of wark in of work in	
21. Lectify that (1) (this hespital) attended the deceased fram_	4-1 , 1966, ta 3-20 , 1947, that (1) (we) last
	t death accurred at 6:30 M, fram causes and an the date stated above.
220. SGNATURE	D. ATTENDING MED. STAFF 22b. DATE SIGNED 3-23-67
22c, PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS. 3-23-6/
NAME (Type)	GRASONVILLE, MD. 21638
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
REMOVAL (Specify) burial March 24, 1967 Robins	Grasonville, Q. Anne Md.
24. FUNERAL DIRECTOR T. B. Dashiell Easton, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J.D. Daver	DMAR 27 1967 ycharles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond completely filled in by the funared director, page 3 should be detached for use as the burial-transit permit. Then please remove carbony papers. Pages 1 one should be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, ond in any event, within 73 hours after des Page 4 may be retained by the hospital or attending physicion.

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68160 William ... apprentice to the second secon

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04190	CERTIFICATE OF DEATH	04189
b. CITY OR TOWN (If outside corporate limits, write RURAY and give neorest town), RURAY (If outside corporate limits, write RURAY and give neorest town), RURAY (If not in hospital or INSTITUTION (If not in hospital or INSTITUTION (If not in hospital or INSTITUTION (If not in hospital or INSTITUTION).	MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (IF outs) 11 1/2 4RS. RURAL	ere deceased lived, if institution: Residence before admission) b. COUNTY corporate limits, write RURAL and give nearest town) EXPRENDED e. IS RESIDENCE
3. NAME OF DECEASED (Type or print) CAROLINE (RIED DAVIS WILSON	4. DATE OF DEATH 9. AGE (In years lost birthday) Yrs. Wonth Day Year 19. AGE (In years Manths) Days Haurs Min. Yes D NO 19. AGE (In years Manths) Days Haurs Min.
13. FATHER'S NAME 13. WAS DECEASED EVER IN U.S. ARMED FORCES?	0b. KIND OF BUSINESS OR INDUSTRY 14. MOTHER'S MAIDEN NA 16. SOCIAL SECURITY NO. 17. INFORMANT	ia PENN. WITS, A.
(Yes, no. or unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse (c)	216-46-3187 MRS LOUISE F.	Julison Entresille Md. Julison Entresille Md. Julison Entresille Md. Interval Between onset and Death Onset and Death Cardio Rece Rears
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 200. ACCIDENT WAS UNDERLYING 0R CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINER)	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 21. I certify that (I) (this haspital) of saw the deceased alive an 22c. SIGNATURE 22c. PHYSICIAN'S	M.D. ATTENDING PHYS. 22d. ADDRESS	IRECTOR LI PHYS. LI 3-322-6/
NAME (Type) 230. BURIAL, CREMATION, PERNOVAL (Specify) 24) FUNERAL DIRECTOR	234 NAME OF CEMETERY OR CREMATORY SILVERBROOK CEMETERY ADDRESS ADDRESS	23d. LOCATION (City or Town) (County) (State) BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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